



City of San Diego
Development Services
Division Name
1222 First Ave., MS-302
San Diego, CA 92101
(619) 446-5000

Ownership Disclosure Statement

Project Title

Project No. *For City Use Only*

Project Address:

Part I - To be completed when property is held by Individual(s)

Please list below the owner(s) and tenant(s) (if applicable) of the above referenced property. The list must include the names and addresses of **all** persons who have an interest in the property, recorded or otherwise, and state the type of property interest (e.g., tenants who will benefit from the permit, all individuals who own the property). A signature is required of at least one of the property owners. Attach additional pages if needed. **Note:** The applicant is responsible for notifying the Project Manager of any changes in ownership during the time the application is being processed or considered. Changes in ownership are to be given to the Project Manager at least thirty days prior to any public hearing on the subject property. Failure to provide accurate and current ownership information could result in a delay in the hearing process.

Additional pages attached ☐ Yes ☐ No

Name of Individual (type or print):

☐ Owner ☐ Tenant/Lessee

Street Address:

City/State/Zip:

Phone No:

Fax No:

Signature :

Date:

Name of Individual (type or print):

☐ Owner ☐ Tenant/Lessee

Street Address:

City/State/Zip:

Phone No:

Fax No:

Signature :

Date:

Name of Individual (type or print):

☐ Owner ☐ Tenant/Lessee

Street Address:

City/State/Zip:

Phone No:

Fax No:

Signature :

Date:

Name of Individual (type or print):

☐ Owner ☐ Tenant/Lessee

Street Address:

City/State/Zip:

Phone No:

Fax No:

Signature :

Date:

Name of Individual (type or print):

☐ Owner ☐ Tenant/Lessee

Street Address:

City/State/Zip:

Phone No:

Fax No:

Signature :

Date:

Name of Individual (type or print):

☐ Owner ☐ Tenant/Lessee

Street Address:

City/State/Zip:

Phone No:

Fax No:

Signature :

Date:

Project Title:	Project No. (For City Use Only)
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Part II - To be completed when property is held by a corporation or partnership

Legal Status (please check):

- ☐ Corporation (☐ Limited Liability -or- ☐ General) What State? _____ Corporate Identification No. _____
- ☐ Partnership

Please list below the names, titles and addresses of **all** persons who have an interest in the property, recorded or otherwise, and state the type of property interest (e.g., tenants who will benefit from the permit, all corporate officers, and all partners in a partnership who own the property). A signature is required of at least one of the corporate officers or partners who own the property. Attach additional pages if needed. **Note:** The applicant is responsible for notifying the Project Manager of any changes in ownership during the time the application is being processed or considered. Changes in ownership are to be given to the Project Manager at least thirty days prior to any public hearing on the subject property. Failure to provide accurate and current ownership information could result in a delay in the hearing process.

Additional pages attached ☐ Yes ☐ No

Corporate/Partnership Name (type or print):	
<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant/Lessee
Street Address:	
City/State/Zip:	
Phone No:	Fax No:
Name of Corporate Officer/Partner (type or print):	
Title (type or print):	
Signature :	Date:

Corporate/Partnership Name (type or print):	
<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant/Lessee
Street Address:	
City/State/Zip:	
Phone No:	Fax No:
Name of Corporate Officer/Partner (type or print):	
Title (type or print):	
Signature :	Date:

Corporate/Partnership Name (type or print):	
<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant/Lessee
Street Address:	
City/State/Zip:	
Phone No:	Fax No:
Name of Corporate Officer/Partner (type or print):	
Title (type or print):	
Signature :	Date:

Corporate/Partnership Name (type or print):	
<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant/Lessee
Street Address:	
City/State/Zip:	
Phone No:	Fax No:
Name of Corporate Officer/Partner (type or print):	
Title (type or print):	
Signature :	Date:

Corporate/Partnership Name (type or print):	
<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant/Lessee
Street Address:	
City/State/Zip:	
Phone No:	Fax No:
Name of Corporate Officer/Partner (type or print):	
Title (type or print):	
Signature :	Date:

Corporate/Partnership Name (type or print):	
<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant/Lessee
Street Address:	
City/State/Zip:	
Phone No:	Fax No:
Name of Corporate Officer/Partner (type or print):	
Title (type or print):	
Signature :	Date: